

Shared Work Participant Status Change Request Form



Employment Security Department
WASHINGTON STATE

This form **must** be submitted within 10 working days to notify the Shared Work Administrative Unit if an employee is no longer participating in the Shared Work Program.

Status Changes:

- Plan removal could be due to an employee being laid off due to lack of work, a voluntary quit, being fired, or voluntary employee or employer removal from the Shared Work Plan.
- Participants permanently separated from your company must be deleted from the Shared Work Plan.
- Participants laid off for four consecutive weeks or more without a definite return to work date within an eight week period must also be removed from the Shared Work Plan.

Please complete **all** information listed below and fax to the Shared Work Administrative Unit at 360-586-5601 or 360-586-5602.

Company Name and Location	Employment Security (ES) Reference Number		Date
Employee Name	Employee Social Security Number (SSN)	Reason For Separation: Quit (Q) Fired (F) Laid Off (LO)	Date of Separation
Example: Doe, John Q	123-45-6789	LO	04/03/09
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			